

QUALITY ASSURANCE FIELD REVIEW WORKSHEET

Reviewer: _____ Review Date: _____

Agency: _____

Program Manager: _____ *Team Leader: _____

**Team Members: _____

Bridge ID: _____ County / City: _____

FHWA No.: _____ Stream: _____

Main Span Materials & Design (Item 43): _____

Location: _____

* (Required to be present at 2 reviews) ** (Not required to be present)

	No	Yes
1. *Were both a Program Manager the Team Leader present during the inspection?	_____	_____
2. Is this a Fracture Critical Bridge?	_____	_____
If "Yes", are the Fracture Critical Elements identified in the inspection documentation?	_____	_____
3. Are all necessary inspection forms completed fully and accurately in SIIMS?		
a. Field Data Collection form, including the deck, superstructure, substructure, channel and culvert forms.	_____	_____
b. Critical Finding form	_____	_____
c. Fracture Critical Member Locations and Conditions form	_____	_____
d. Are the condition ratings, comparable between the inspector and reviewer (+/- 1 condition rating)? "Y" for Yes, "N" for No.	_____	_____
Item 58, Deck: Previous rating: _____ Inspector: _____ Reviewer: _____		
Item 59, Superstructure: Previous rating: _____ Inspector: _____ Reviewer: _____		
Item 60, Substructure: Previous rating: _____ Inspector: _____ Reviewer: _____		
Item 61, Channel and Channel Protection:		
Previous rating: _____ Inspector: _____ Reviewer: _____		
Item 62, Culvert: Previous rating: _____ Inspector: _____ Reviewer: _____		
e. Does the bridge posting condition at the bridge match the condition coding in Item 41, Posting Status?	_____	_____
f. Were appropriate sketches, notes, and photos from previous inspections used for preparing the inspection documentation?	_____	_____
g. Was an underwater inspection required during this inspection?	_____	_____
If "Yes", was the underwater inspection properly documented?	_____	_____

Review comments: _____
